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Spring 1996

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ASSESSING MULTICULTURAL COUNSELING COMPETENCIES USING THE MULTICULTURAL COUNSELING INVENTORY: A REVIEW OF THE RESEARCH

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Since the publication of the position paper on cross-cultural counseling competencies of the Education and Training Committee of the American Psychological Association's Division of Counseling Psychology (Division 17; Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttall, 1982), a great deal has been written about the need for increased training in cross-cultural counseling. Many textbooks and journal articles on multicultural¹ counseling theories and techniques have been published to provide guidance to trainers (e.g., D'Andrea, Daniels, & Heck, 1991; Leong & Kim, 1991; Pedersen, 1987, 1988; Sue & Sue, 1990) in the provision of services to counselor trainees. As a result, there seems to be some general agreement that

¹As stated in Ponterotto, Rieger, Barrett, and Sparks (1994), although some authors have made a distinction between the terms *multicultural* and *cross-cultural* (e.g., Casas, 1984), they are used interchangeably in the area of counseling assessment and will be used interchangeably throughout this chapter.

all multicultural counseling training programs should provide experiences that allow trainees to develop competencies in three broad areas identified by Sue et al. (1982): (a) beliefs–attitudes, (b) knowledges, and (c) skills. More recently, these competency areas have been further elaborated by Sue, Arredondo, and McDavis (1992) to include (a) counselors' awareness of their own assumptions, values, and biases; (b) an understanding of the worldview of the culturally different client; and (c) the development of appropriate intervention strategies and techniques.

Together with the interest in theory and practice of multicultural counseling training is a growing interest in assessment of training effectiveness. It is within the three broad areas of awareness, knowledge, and skills that the majority of work in multicultural counseling competency assessment has been directed. Ponterotto, Rieger, Barrett, and Sparks (1994) reviewed four assessment instruments currently in use, identifying the strengths and limitations of each from a psychometric perspective. Three of the instruments (Cross-Cultural Counseling Inventory–Revised, LaFromboise, Coleman, & Hernandez, 1991; Multicultural Counseling Awareness Scale–Form B, Ponterotto, Sanchez, & Magids, 1991; Multicultural Counseling Inventory, Sodowsky, Taffe, Gutkin, & Wise, 1994) are based explicitly on the cross-cultural competencies identified by Sue et al. (1982), whereas the fourth (Multicultural Awareness-Knowledge-and-Skills Survey, D'Andrea et al., 1991) assesses competencies in these three broad categories without specific reference to the position paper. Yet, despite the specification of broad competency areas and the focus on assessment of multicultural competencies within these areas, "there is no clear consensus as to what constitutes a good multicultural training program and how the effects of such training are to be empirically assessed" (Ponterotto et al., 1994, p. 316).

While the debate regarding content and method of multicultural counseling training continues, there is a need to identify specific factors that may impact the development of multicultural competencies of trainees across training modalities. Utilizing survey methods, Pope-Davis and his colleagues have attempted to identify such factors across a variety of training situations using the Multicultural Counseling Inventory (MCI). The remainder of this chapter will examine the MCI as a tool for measuring multicultural counseling competencies based on results from the Pope-Davis studies. First, reliability of the MCI will be examined in comparison to the original Sodowsky et al. (1994) data. Next, results from the studies will be examined to identify variables associated with self-reported multicultural compe-

tencies. The chapter will then conclude with a discussion of implications for training and education as well as suggestions for future research.

RELIABILITY OF THE MCI

Pope-Davis and his colleagues have used the Multicultural Counseling Inventory (MCI) to examine the self-reported multicultural competencies of psychology graduate students (Ottavi, Pope-Davis, & Dings, 1994; Pope-Davis, Reynolds, Dings, & Nielson, 1995), counselors affiliated with university counseling centers (Pope-Davis & Ottavi, 1994), nursing students (Pope-Davis, Eliason, & Ottavi, 1994), and occupational therapists (Pope-Davis, Prieto, Whitaker, & Pope-Davis, 1993). The graduate student and counselor samples were obtained through national surveys. The sample of university center counselors (Pope-Davis & Ottavi, 1994) is a subsample of the group reported in Study 2 by Sadowsky et al. (1994). The nursing students were all enrolled in the same course at a midwestern university. The occupational therapists represent one western and two midwestern states (See Table 1).

Coefficient alpha reliabilities obtained in all the Pope-Davis studies are similar to those reported by Sadowsky et al. (1994), ranging from a low of .65 for the Relationship subscale (Pope-Davis et al., 1993) to a high of .82 for Skill (Pope-Davis et al., 1995). Thus, these studies provide further validation of the reliability of the MCI subscales (see Table 2).

Initial interscale correlational evidence reported by Sadowsky et al. (1994) suggested that the MCI subscales are relatively independent. However, in the Pope-Davis studies the interscale correlations among the four MCI subscales are somewhat higher overall than those reported by Sadowsky et al. (1994) with the exception of the Relationship subscale (see Table 3). Looking across all the Pope-Davis studies, the intercorrelations of Awareness with Skills (range: .37 to .50) and Knowledge (range: .36 to .68) are moderately higher, as is the intercorrelation between Skills and Knowledge (range: .46 to .65). These findings suggest that the four factors of the MCI are measuring different, but related constructs. This should not be surprising in that one's awareness of personal assumptions, values, and biases are generally believed to arise from exposure to different perspectives in these realms, which implies some level of understanding other worldviews. Further, the belief that an individual has awareness and knowledge of other cultures may lead a person to believe, whether rightly or wrongly, that he or she has some skill in working with others from different cultural backgrounds.

Table 1. Summary of MCI Studies.

MCI STUDIES	SAMPLE	VARIABLES MEASURED	SIGNIFICANT FINDINGS
Sodowsky, Taffe, Gutkin, & Wise (1994)	Study 1: statewide sample, 604 psychology students, counselors, & psychologists (95% White) Study 2: nationwide sample, 320 university center counselors (68% White)	Study 1: age; gender; ethnicity; degree held; years of mental health service; percentage multicultural work Study 2: age; ethnicity; degree held	Study 1: respondents who worked 50% or more in the MC area scored significantly higher on the Awareness & Relationship than respondents with less than 50% minority service (reported in Ponterotto et al. and Pope-Davis & Ottavi)
Ottavi, Pope-Davis, & Dings (1994)	128 White counseling graduate students; nationwide sample	age; gender; degree program; year in program; practicum; course work; workshop; supervision; WRIAS	demographic variables <u>did not</u> account for significant variance for any MCI subscales Awareness: course work, workshop, minority client hours, number of practica Skills & Knowledge: course work WRIAS Pseudo-Independence w/ALL; Autonomy w/Knowledge
Pope-Davis & Ottavi (1994)	220 university center counselors (76.8% White); nationwide sample	age; gender; ethnicity; highest degree held; minority group worked with most; percentage of work done in multicultural counseling	ethnicity influenced Knowledge, Awareness, and Relationship Asian Americans & Hispanics scored higher than Whites on Knowledge; African, Asian, & Hispanic Americans scored higher than Whites on Relationship
Pope-Davis, Reynolds, Dings, & Nielson (1995)	344 clinical and counseling psychology students; nationwide sample Clinical: 185 (81% White) Counseling: 159 (72% White)	age; gender; ethnicity; highest degree held; year in program; course work; workshop; practicum; supervision; minority client hours	<u>Counseling:</u> Awareness influenced by ethnicity; practicum, workshop & culturally diverse client contact Knowledge influenced by culturally diverse client contact Relationship influenced by ethnicity <u>Clinical:</u> Awareness influenced by ethnicity; course work, workshop, & mc supervision Knowledge influenced by ethnicity; course work & supervision Relationship influenced by ethnicity
Pope-Davis, Eliason, & Ottavi (1994)	120 undergraduate nursing students in a single course (96% White)	age; gender; ethnicity; class standing; course work; work experience	those with work experience scored higher on Knowledge & Skills
Pope-Davis, Prieto, Whitaker, & Pope-Davis (1993)	94 occupational therapists from three states (87% White)	age, gender, ethnicity, degree held, months of work experience, course work, workshop, minority client hours	more multicultural course work, workshop participation, minority client hours scored higher on Awareness highest degree held predictive of Knowledge

Table 2. Coefficient Alpha Reliabilities for the MCI Subscales by Study.

Study	Skill	Knowledge	Awareness	Relationship
Sodowsky, Taffe, Gutkin, & Wise (1994)				
(Study 1)	.83	.79	.83	.65
(Study 2)	.81	.80	.80	.67
Ottavi, Pope-Davis, & Dings (1994)	.77	.76	.70	.78
Pope-Davis & Ottavi (1994)	.81	.80	.80	.67
Pope-Davis, Reynolds, Dings, & Nielson (1995)	.82	.80	.77	.68
Pope-Davis, Eliason, & Ottavi (1994)	.81	.74	.76	.69
Pope-Davis, Prieto, Whitaker, & Pope-Davis (1993)	.77	.78	.78	.65

It is particularly interesting to examine the correlations reported in Study 2 of Sodowsky et al. (1994) and in Pope-Davis and Ottavi (1994), which is a subsample of the Study 2 data. The interscale correlations reported by Pope-Davis and Ottavi (1994) are higher, suggesting greater overlap in the subscales. However, Pope-Davis and Ottavi (1994) reported that 76.8% of their sample identified themselves as White, whereas Sodowsky et al. (1994) reported 68% White counselors for the larger sample. Although no other distinctions between the samples are reported, these results suggest the possibility that there may be different patterns of responding with regard to self-reported competencies related to the racial and ethnic background of the respondent. In other words, the higher correlations found in the Pope-Davis studies could be related to the greater homogeneity of the sample group. Further studies of the MCI with racially and ethnically diverse groups are needed to verify this hypothesis.

Although the results of the Pope-Davis studies generally support the validity of the MCI subscales, the higher reported interscale correlations lend support to the suggestion made by Ponterotto, Rieger, Barrett, and Sparks (1994) that the four-factor solution proposed by Sodowsky et al. (1994) may not provide the ideal solution. Sodowsky et al. (1994) also reported in the confirmatory factor analysis of Study 2 data moderately high to high correlations (.30 to .62) among the factors of a proposed higher order four-factor oblique model. They conclude "It is not clear whether the responses on the MCI are driven by a general, higher order factor rather than by four specific factors" (p. 146). They also add that "until further research

Table 3. MCI Subscale Intercorrelations Reported by Study.

Study	Subscales	Skill	Knowledge	Awareness	Relationship
Sodowsky, Taffe, Gutkin, & Wise (1994)	Skills	-			
	Knowledge	.41	-		
	Awareness	.22	.39	-	
	Relationship	.41	.18	.21	-
	Skills	-			
	Knowledge	.31	-		
	Awareness	.17	.28	-	
Study 2: counselors affiliated with university counseling centers	Relationship	.31	.16	.17	-
	Skills	-			
	Knowledge	.65	-		
Ottavi, Pope-Davis, & Dings (1994)	Awareness	.50	.50	-	
	Relationship	.40	.18	.28	-
	Skills	-			
Pope-Davis & Ottavi (1994)	Knowledge	.49	-		
	Awareness	.37	.56	-	
	Relationship	.43	.27	.51	-

Table 3. (continued)

Study	Subscales	Skill	Knowledge	Awareness	Relationship
Pope-Davis, Reynolds, Dings, & Nielson (1995) counseling psychology students <i>(data obtained from the authors; not previously reported)</i> clinical psychology students	Skills	-			
	Knowledge	.57	-		
	Awareness	.38	.50	-	
	Relationship	.31	.20	.27	-
	Skills	-			
	Knowledge	.46	-		
	Awareness	.42	.68	-	
	Relationship	.38	.17	.31	-
Pope-Davis, Eliason, & Ottavi (1994) nursing students	Skills	-			
	Knowledge	.52	-		
	Awareness	.42	.36	-	
	Relationship	.24	.18	.17	-
Pope-Davis, Prieto, Whitaker, & Pope-Davis (1993) occupational therapists	Skills	-			
	Knowledge	.51	-		
	Awareness	.37	.47	-	
	Relationship	.29	.02	.13	-

clarifies this issue, subscales as well as the full scale of the MCI should be scored in training and applied settings" (p. 146). Further factor analysis with larger, heterogeneous samples may be necessary to test the factor structure of the MCI.

Although the correlational evidence from these studies does not clearly substantiate the four-factor solution proposed by Sadowsky et al. (1994), this does not preclude the examination of the relationship between the MCI subscales and other factors believed to influence perceptions of one's own multicultural competencies. To explore factors that may be related to multicultural counseling competencies, Pope-Davis and his colleagues have looked primarily at demographic, educational, and clinical variables. Additionally, Ottavi et al. (1994) have examined racial identity attitudes of White counseling psychology graduate students as they relate to the multicultural counseling competencies as measured by the MCI. Findings from these various studies will be reviewed within these broad categories before presenting an overall summary of findings.

DEMOGRAPHIC VARIABLES

Gender, age, and ethnicity were assessed in all studies reported by Pope-Davis and his colleagues. No gender or age differences in self-reported competencies were found in any of these studies. However, Pope-Davis and Ottavi (1994) and Pope-Davis, Reynolds, Dings, & Nielson (1995) reported significant differences in some MCI subscale scores based on reported racial and ethnic affiliation of the participants.

Pope-Davis and Ottavi (1994) surveyed 220 counselors affiliated with university counseling centers throughout the United States. Racial and ethnic group affiliation reported by respondents included African American (11.8%), Asian American (6.8%), Hispanic (4.5%), and White (76.8%). Using multivariate analyses of variance, a significant main effect was found for ethnicity. Follow-up ANOVAs on the individual subscales revealed significant overall ethnicity effects for the Knowledge [$F(3,216) = 5.21, p < .01$], Awareness [$F(3,216) = 20.23, p < .0001$], and Relationship [$F(3,216) = 10.71, p < .0001$] subscales. Tukey pairwise comparison indicated that Asian-American and Hispanic counselors scored significantly higher on the Knowledge subscale than did White counselors. African-American, Asian-American, and Hispanic counselors scored significantly higher on the Awareness and Relationship subscales than did the White counselors. Mean subscale scores and standard deviations of the four groups are reported in Table 4.

Table 4. MCI Subscale Means and Standard Deviations Reported by Study.

Study	Sample	Skill	Knowledge	Awareness	Relationship
Ottavi, Pope-Davis, & Dings (1994) graduate psychology students	Total	3.30 (.32)	3.09 (.39)	2.41 (.49)	2.88 (.45)
Pope-Davis & Ottavi (1994) counselors affiliated with university counseling centers	White	3.52 (.29)	3.15 (.38)	2.65 (.50)	2.95 (.41)
	African-American	3.57 (.29)	3.31 (.35)	3.16 (.41)***	3.28 (.45)***
	Asian-American	3.45 (.32)	3.40 (.29)*	3.24 (.34)***	3.30 (.34)***
	Hispanic	3.61 (.21)	3.48 (.41)*	3.45 (.36)***	3.29 (.35)***
Pope-Davis, Reynolds, Dings, & Nielson (1995) graduate psychology students	Counseling Psych.	3.35 (.35)*	2.67 (.48)**	3.20 (.38)**	2.99 (.43)
	Clinical Psych	3.25 (.34)	2.42 (.60)	3.03 (.49)	3.00 (.45)
	Total	3.29 (.35)	2.54 (.56)	3.11 (.45)	2.99 (.44)
Pope-Davis, Eliason, & Ottavi (1994) nursing students	No work experience	2.39 (.33)	2.79 (.38)	2.32 (.45)	3.06 (.41)
	With work exper.	3.21 (.40)**	3.00 (.38)**	2.34 (.57)	3.07 (.49)
	Total	3.06 (.37)	2.86 (.39)	2.32 (.49)	3.06 (.43)

* $p < .05$ ** $p < .01$ *** $p < .0001$

Counselors in all racial and ethnic minority groups reported high levels of skill in working with minority clients. Given the variability in self-assessed Awareness, Knowledge, and Relationship it is curious that there is no similar variability in perceived skill. It may be that counselors believe they possess a sufficiently diverse repertoire of techniques which are appropriate with clients from a variety of backgrounds. A second explanation may be that the counselors have over-rated their multicultural counseling skills. If awareness and knowledge of cultural differences precede development of appropriate skills, as is implied in the literature, this explanation seems plausible. Alternatively, it may be that the items of the MCI intended to assess multicultural counseling skills are not being interpreted by participants in the way intended by the authors, or that the skills items are more general counseling competencies and not specifically related to work with culturally diverse clients. Finally, because these are practicing counselors, it may be that the respondents have received feedback from clients, supervisors, and colleagues indicating that they are effective with their culturally diverse clients. Thus, the self-ratings could be an accurate reflection of their counseling skills regardless of their multicultural awareness and knowledge.

In the only other study to report differences in MCI subscales, Pope-Davis, Reynolds, Dings, and Nielson (1995) surveyed 344 graduate students in APA-affiliated counseling and clinical psychology programs nationwide. Racial and ethnic group affiliation reported by participants for the total sample was African American (10%), American Indian (1%), Asian American (5%), Hispanic (5%), and White (77%). Subscales, however, were only reported by program area.

In this study, data were analyzed separately for counseling and clinical psychology students. A significant main effect for program affiliation was found [$F(4,331) = 5.18, p < .001$]. Follow-up analysis revealed significant program effects for Skills [$F(1,341) = 6.88, p < .01$], Knowledge [$F(1,336) = 11.76, p < .001$], and Awareness [$F(1,340) = 17.02, p < .0001$]. *T*-test comparisons indicated that counseling psychology students scored significantly higher than clinical psychology students on these three subscales (Table 4).

Pope-Davis et al. (1995) were also interested in exploring variables predictive of multicultural counseling competencies. Hierarchical regression analyses were used to determine variability accounted for in prediction of each MCI subscale score within each program (counseling and clinical). Age, gender, and racial and ethnic group affiliation were the demographic variables assessed. Racial and ethnic group affiliation was the only significant demographic predic-

tor for either group. Among counseling psychology students, racial and ethnic affiliation was a unique predictor of scores for Awareness ($t = 3.03, p < .01$) and Relationship ($t = 4.08, p < .001$). Together with age and gender, these demographic variables accounted for a statistically significant amount of the variance observed in subscale scores for Awareness [8%; $F(3,131) = 4.75, p < .01$] and Relationship [11%; $F(3,131) = 6.25, p < .01$]. For clinical psychology students, racial and ethnic affiliation predicted scores for Knowledge ($t = 3.42, p < .001$), Awareness ($t = 5.74, p < .001$), and Relationship ($t = 2.63, p < .001$). Demographic variables accounted for a statistically significant portion of the variance only for the Knowledge [5%; $F(3,163) = 4.00; p < .01$] and Awareness [16%; $F(3,163) = 11.35, p < .001$] subscales.

In both studies (Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1995), racial and ethnic affiliation was significantly related to scores on the Awareness, Relationship, and, in some cases, Knowledge subscales. Pope-Davis and Ottavi (1994) is the only study to examine specific racial and ethnic group affiliation of respondents as it relates to self-reported multicultural competencies. However, given the similar pattern of findings in Pope-Davis et al. (1995), it is reasonable to suggest that non-White counselors and trainees generally perceived themselves as having greater awareness and knowledge of cross-cultural factors that may affect their racially and ethnically diverse clients and be more comfortable with managing issues of culture as these may affect the counseling relationship. More research with diverse counselors and trainees is needed to replicate and extend these findings.

EDUCATIONAL AND CLINICAL VARIABLES

The growing body of literature on teaching theory and methods in multicultural counseling assumes that education can have an effect on developing appropriate awareness, knowledge, and skills among trainees. Along with formal course work, counselor training occurs in seminars and workshops and includes practical training such as practica and supervision in clinical settings. Work experience itself provides yet another opportunity for obtaining "on the job" training.

Completion of multicultural course work and seminars/workshops were assessed in all of the Pope-Davis studies reported with the exception of Pope-Davis and Ottavi (1994). Practica and clinical supervision were assessed among graduate students by Ottavi et al. (1994) and Pope-Davis et al. (1995). Other educational and experiential variables assessed included highest degree held (Ottavi et al., 1994; Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1995; Pope-Davis

et al., 1993), year of study in current degree program (Ottavi et al., 1994; Pope-Davis et al., 1995), work with minority clients (Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1995; Pope-Davis et al., 1993), and length of work experience (Pope-Davis et al., 1994; Pope-Davis et al., 1993).

The only study to obtain significant findings regarding degree status was Pope-Davis et al. (1993). Highest degree held was the only significant predictor of scores on the Knowledge subscale among a sample of occupational therapists, accounting for 10% of the score variability (F Change = 9.91, $p < .01$). Correlations indicated that occupational therapists who held higher degrees reported more knowledge of racial and cultural variables and their influences on patients.

Likewise, Pope-Davis et al. (1994) was the only study to report significant findings related to general work experiences (not necessarily with minority clients). Nursing students who had some work experience reported higher levels of multicultural Skills and Knowledge than students with no work experience (See Table 4). "Students with work experience reported more skills in interpersonal communication, cultural consideration, and knowledge of cultural factors and appropriateness when interacting with minority clients" (Pope-Davis et al., 1994, p. 33). No other significant findings were reported for this study.

The major findings with regard to educational/clinical variables and multicultural competencies related to multicultural course work, workshops and seminars, practicum and supervision, and experience with minority clients. Results in these four areas will be examined across all studies in which the variables were assessed. Implications of the findings and suggestions for future research are presented.

MULTICULTURAL COURSE WORK

In all the studies cited, multicultural course work was assessed using four categories of response: (a) never had a course in which multicultural issues were covered; (b) had multicultural issues covered in other counseling courses; (c) completed one course in multicultural counseling; and (d) completed two or more courses in multicultural counseling. Multicultural course work was predictive of MCI subscale scores in three studies (Ottavi et al., 1994; Pope-Davis et al., 1995; Pope-Davis et al., 1993) with higher subscale scores obtained by participants reporting more multicultural course work.

Ottavi et al. (1994) reported course work was a uniquely significant predictor of Skills ($t = 3.87$, $p < .01$), Knowledge ($t = 3.94$, $p < .001$), and Awareness ($t = 4.10$, $p < .001$) scores among their sample of White

counseling graduate students. Pope-Davis et al. (1995) found that multicultural course work was a significant predictor for clinical psychology graduate students on the Knowledge ($t = 2.95, p < .01$) and Awareness ($t = 3.44, p < .001$) subscales, but not a uniquely significant predictor of scores for counseling psychology students on any subscale. Pope-Davis et al. (1993) reported that multicultural course work contributed significantly toward predicting variance accounted for on the Awareness subscale beyond that accounted for by percentage of minority patients worked with for occupational therapists (10%; F Change = 16.98, $p < .001$).

The categorical way in which completion of multicultural course work was assessed in these studies provides no information regarding such important factors as the length, content, depth of coverage, setting, or orientation to multicultural counseling provided in the courses completed by participants. Thus, it is difficult to generalize from these findings with regard to the specific effects of course work on developing multicultural competencies. However, at a minimum it seems that completion of some multicultural course work had a positive effect on developing multicultural sensitivity, interactions, and advocacy in general life experiences and professional activities of the participants (assessed by the Awareness subscale). Future studies should attempt to assess specific information regarding the multicultural course work completed by participants, such as content areas covered, orientation of the course (e.g., culture-specific or culture-general; skills-based; overview/survey), depth of coverage, and length of the experience (e.g., contact hours).

MULTICULTURAL WORKSHOPS/SEMINARS

Workshops and seminars are another common means for providing training, particularly among practicing professionals. They are also typically more time-limited, yet they may provide an opportunity for more focused study and/or discussion of issues on a specific topic or within a limited scope as compared to course work. Thus, the effect on development of multicultural competencies attributable to participation in workshops or seminars may be unique.

Participation in multicultural workshops or seminars, assessed in the same three studies (Ottavi et al., 1994; Pope-Davis et al., 1995; Pope-Davis et al., 1993), again related to scores on the Awareness subscale. Ottavi et al. (1994) reported that the number of workshop hours uniquely predicted Awareness among White graduate counseling students ($t = 2.51, p < .05$). Using a categorical variable of participation in multicultural workshops or seminars, Pope-Davis et

al. (1995) reported similar findings on the Awareness subscale for counseling ($t = 2.59, p < .05$) and clinical ($t = 2.13, p < .05$) psychology graduate students. Pope-Davis et al. (1993) reported that participation in multicultural workshops or seminars accounted for an additional 5% of the variance accounted for in the Awareness subscale scores of occupational therapists ($F \text{ Change} = 5.33, p < .05$).

These results demonstrate more clearly that participation in time-limited training experiences such as multicultural workshops and seminars only impacted areas related to increasing multicultural Awareness of the participants. These time-limited training strategies may not be sufficient for imparting more in-depth knowledge or skills related to multicultural competency development. Again, the specific content and intent (e.g., developing awareness vs. skill development) of workshops and seminars completed could be assessed in future research to determine the effectiveness of these methods of presenting multicultural information.

PRACTICA AND CLINICAL SUPERVISION

Practica and supervision provide a distinct type of educational experience combining instruction, practice, and evaluative feedback. Ideally, practica provide an opportunity for the trainee to use the knowledge obtained from course work in the discipline and to practice the skills being developed. Thus, practica provide a unique opportunity to develop multicultural skills and to "test" developing awareness and knowledge as these relate to work with racially and ethnically diverse clients. Practicum experience and clinical supervision were assessed in the studies of graduate students (Ottavi et al., 1994; Pope-Davis et al., 1995).

Ottavi et al. (1994) found that the number of practica completed uniquely and significantly predicted scores on the Awareness subscale ($t = -2.02, p < .05$) among White counseling graduate students. Similarly, Pope-Davis et al. (1995) reported participation in practica was a uniquely significant predictor of Awareness scores among counseling psychology graduate students ($t = -2.17, p < .05$), but not among clinical psychology students. Practicum experience was not predictive of scores on any other subscales in either study.

Discussion of multicultural issues in supervision was predictive of Awareness ($t = 2.75, p < .01$) and Knowledge ($t = 3.04, p < .01$) subscale scores among clinical psychology graduate students. However, it was not found to be a significant predictor of multicultural competencies among counseling psychology students by either Pope-Davis et al. (1995) or Ottavi et al. (1994).

It is difficult to interpret these findings given the limited information available regarding participants' involvement in practica and supervision. As with course work, workshops, and seminars, too little is known about the definitions, focus, length, or setting of the practica and supervision experiences of the participants. Additionally, these experiences occur within a more comprehensive training program, which includes other forms of instruction. It may be feasible to speculate that there is greater variability between clinical and counseling psychology programs than there is within these program areas; this may account for the differential findings in the types of educational experiences that impact development of multicultural counseling competencies. However, not enough data exist to support this generalization. At best, these results suggest an avenue for further exploration.

EXPERIENCE WITH MINORITY CLIENTS

It is not unreasonable to expect that experience with minority clients may itself lead to greater multicultural competence. Three studies (Ottavi et al., 1994; Pope-Davis et al., 1995; Pope-Davis et al., 1993) reported a relationship between work with minority clients and MCI subscale scores.

Ottavi et al. (1994) found that contact hours with racial and ethnic minority clients was a uniquely significant predictor of Awareness ($t = 2.41, p < .05$) for counseling psychology students. Likewise, Pope-Davis et al. (1995) reported contact hours with minority clients was a unique predictor of Awareness ($t = 4.52, p < .001$) and Knowledge ($t = 2.59, p < .05$) for counseling psychology students. However, this result did not follow for clinical psychology students, who reported fewer contact hours with minority clients. Pope-Davis et al. (1993) reported that, of all demographic and educational variables assessed among their sample of occupational therapists, proportion of minority patients worked with (reported as percentage of total patients) accounted for the most variance in predicting multicultural Awareness (40%; F Change = 58.43, $p < .001$).

These results suggest that experience with racial and ethnic minority clients may influence multicultural Awareness, but is less predictive of development of other multicultural competencies. Thus, it could be hypothesized that competencies in the other three areas—Knowledge, Skills, and Relationship—require other educational interventions.

RACIAL IDENTITY ATTITUDES

In addition to demographic, educational, and clinical variables hypothesized to relate to multicultural counseling competencies, Ottavi

et al. (1994) examined the relationship between scores on the MCI and White racial identity attitudes of counseling psychology graduate students. Sabnani, Ponterotto, and Borodovsky (1991) suggested that students' White racial identity development strongly influences the attainment of multicultural counseling competencies. Ottavi et al. (1994) used the White Racial Identity Attitude Scale (WRIAS; Helms & Carter, 1990) to assess the stages of racial identity attitudes as proposed by Helms (1984). The authors were interested in determining if White racial identity attitudes could account for additional variance in self-reported multicultural counseling competencies beyond that accounted for by demographic and educational variables.

The Pseudo-Independence subscale of the WRIAS had a significant effect on prediction of all the MCI subscale scores even when demographic and educational variables had already been entered into the regression equation (Skills: $t = 3.07, p < .01$; Knowledge: $t = 2.05, p < .05$; Awareness: $t = 3.21, p < .01$; Relationship: $t = 4.29, p < .001$). In addition, the Autonomy subscale was a unique predictor of the Knowledge subscale score ($t = 2.46, p < .05$). In each case, the WRIAS accounted for 11% to 19% additional variance in the prediction of MCI subscale scores beyond that attributable to demographic and educational variables. These findings substantiate the Sabnani et al. (1991) model of multicultural counseling competency development and suggest that further study of racial identity attitudes may be an important area for future research in the assessment of multicultural counseling competencies.

SUMMARY AND DISCUSSION

Results from the educational and clinical data reported by Pope-Davis and his colleagues provide further evidence of the predictive validity of the MCI. In each case where significant effects were reported, results were in the expected directions. More multicultural course work, workshop and seminar participation, practicum and supervision experience, and minority client contact were associated with greater assessed multicultural competence. Additionally, the findings based on the ethnicity of participants suggest that racial and ethnic minority participants reported higher levels of multicultural competencies, a finding that could be expected given their life experience.

The educational and clinical variables assessed were most often predictive of scores on the multicultural Awareness subscale. Awareness was influenced by amount of multicultural course work, participation in workshops and seminars, work with minority clients, and to some extent by participation in practicum and supervision. Knowl-

edge competencies were primarily influenced by greater participation in multicultural course work and by ethnicity of the participant. Participant ethnicity was the only variable found to predict Relationship competencies, suggesting that current training methods do not help trainees address cross-cultural counseling process issues involved in working with minority clients. Only two studies (Ottavi et al., 1994; Pope-Davis et al., 1994) reported significant findings related to multicultural Skills, both in the predicted direction.

In all studies for which mean scale scores are reported, self-reported Skills received the highest competency rating of the four subscales (except Pope-Davis et al. [1994] nursing students with no work experience). This result is somewhat surprising given that, based on models of multicultural development, multicultural skills are hypothesized to result from increased multicultural awareness and knowledge (Carney & Kahn, 1989; Pedersen, 1988). It is possible that participants answered these questions based on anticipated rather than actual behavior. It is also possible that participants have developed some level of skill in working with people from diverse backgrounds, but lack self-confidence in their cross-cultural knowledge and awareness. A similar explanation is that participants had not received any feedback to suggest they are less effective with minority clients, and thus assume that they are highly competent in providing service to these clients in spite of the counselors' less-well-developed multicultural awareness and knowledge. Alternatively, the Skills items of the MCI may have been interpreted differently by participants than was intended by the authors of the instrument.

Multicultural educational and clinical experiences are expected to influence the acquisition of competencies in knowledge, awareness, and skills related to cross-cultural counseling. However, none of the reported studies examined such factors as depth and content of material covered or length of courses, workshops, and seminars; educational and clinical settings; theoretical orientation of instructors and supervisors; and other life experiences that may influence cross-cultural competencies (e.g., knowledge of other languages, time spent living within a cultural environment different from one's childhood background). The lack of consensus as to what constitutes a good multicultural training program, as well as the lack of a clear theoretical basis for the selection of other experiential variables that may influence development of multicultural competencies limit the current study of multicultural competency assessment.

The work of Pope-Davis and his colleagues has provided a needed beginning in the assessment of multicultural competencies

and suggested fruitful directions for future research. In addition, these studies have implications for the training of psychologists and mental health counselors.

REFERENCES

Carney, C. G., & Kahn, K. B. (1989). Building competencies for effective cross-cultural counseling: A developmental view. *The Counseling Psychologist*, 12, 111-119.

Casas, J. M. (1984). Policy, training, and research in counseling psychology: The racial and ethnic minority perspective. In S. D. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (pp. 785-831). New York: Wiley.

D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural training. *Journal of Counseling and Development*, 70, 143-150.

Helms, J. E. (1984). Toward a theoretical model of the effects of race on counseling: A Black and White model. *The Counseling Psychologist*, 12, 153-165.

Helms, J. E., & Carter, R. T. (1990). Development of the White Racial Identity Inventory. In J. E. Helms (Ed.), *Black and White racial identity: Theory, research, and practice* (pp. 67-80). Westport, CT: Greenwood Press.

LaFromboise, T. D., Coleman, H. L. K., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory—Revised. *Professional Psychology: Research and Practice*, 22, 380-388.

Leong, F. T. L., & Kim, H. H. W. (1991). Going beyond cultural sensitivity on the road to multiculturalism: Using the Intercultural Sensitizer as a counselor training tool. *Journal of Counseling and Development*, 70, 112-118.

Ottavi, T. M., Pope-Davis, D. B., & Dings, J. G. (1994). Relationship between White racial identity attitudes and self-reported multicultural counseling competencies. *Journal of Counseling Psychology*, 41, 149-154.

Pedersen, P. (1988). *A handbook for developing multicultural awareness*. Alexandria, VA: American Counseling Association.

Pedersen, P. (1987). *Handbook of cross-cultural counseling and psychotherapy*. New York: Praeger.

Ponterotto, J. G., Rieger, B. P., Barrett, A., & Sparks, R. (1994). Assessing multicultural counseling competence: A review of instrumentation. *Journal of Counseling and Development*, 72, 316-322.

Ponterotto, J. G., Sanchez, C. M., & Magids, D. M. (1991, August). *Initial development and validation of the Multicultural Counseling Awareness Scale (MCAS)*. Paper presented at the annual meeting of the American Psychological Association, San Francisco, CA.

Pope-Davis, D. B., Eliason, M. J., & Ottavi, T. M. (1994). Are nursing students multiculturally competent? An exploratory investigation. *Journal of Nursing Education*, 33, 31-33.

Pope-Davis, D. B., & Ottavi, T. M. (1994). Examining the association between self-reported multicultural counseling competencies and demographic variables among counselors. *Journal of Counseling and Development*, 72, 651-654.

Pope-Davis, D. B., Prieto, L. R., Whitaker, C. M., & Pope-Davis, S. A. (1993). Exploring multicultural competencies of occupational therapists: Implications for education and training. *American Journal of Occupational Therapy*, 47, 838-844.

Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). Examining multicultural counseling competencies of graduate students in psychology. *Professional Psychology: Research and Practice*, 26, 322-329.

Sabnani, H. B., Ponterotto, J. G., & Borodovsky, L. G. (1991). White racial identity development and cross-cultural counselor training: A stage model. *The Counseling Psychologist*, 19, 72-102.

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology*, 41, 137-148.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 70, 477-486.

Sue, D. W., Bernier, J. E., Durrant, A., Feinberg, L., Pedersen, P. B., Smith, E. J., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist*, 10, 45-52.

Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice*. New York: Wiley.

